

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q92887
FY 2009		Confirmation Number 8999
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		
Application Number	10/566,708	Filing Date March 1, 2006
For	SPRAY HEAD FOR LIQUID PRODUCT	
Art Unit	3752	Examiner Name Trevor E. McGRAW
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		<u>Fee</u> <u>Small Entity Fee</u> \$130.00 \$65.00 \$490.00 \$245.00 <u>\$490.00</u> \$1110.00 \$555.00 \$1730.00 \$865.00 \$2350.00 \$1175.00
<input type="checkbox"/> Previous Payment Amount		Date Submitted _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,042</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____	
<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>		
<u>/Ellen R. Smith/</u> <small>Signature</small>		<u>December 13, 2010</u> <small>Date</small>
<u>Ellen R. Smith</u> <small>Typed or printed name</small>		<u>(202) 293-7060</u> <small>Telephone Number</small>
<small>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.		